Other Sources for Answers to **Insurance-Related Questions**

Self-funded health benefit plans and union health and welfare plans:

> **United States Dept of Labor** Pension and Welfare Benefits 1885 Dixie Highway, Ste. 210 Fort Wright, KY 41011 (859) 578-4680

COBRA (Consolidated Omnibus Budget Reconciliation Act):

United States Dept of Labor Pension and Welfare Benefits 200 Constitution Avenue, NW Room N - 5658 Washington, DC 20210 (202) 219-8776

Medicare:

Healthcare Service Corp. Edison Plaza Building 660 Plaza Drive Detroit, MI 48226-1207 1-800-638-6833

Workers Compensation Claims:

Michigan Department of Consumer & Industry Services Bureau of Workers' Disability Compensation P.O. Box 30016 Lansing, MI 48909 (517) 322-1884

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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USY Michigan Department of Consumer & Industry Services "Serving Michigan... Serving You" Office of Financial and Insurance Services

Guide to Resolving



Insurance Problems





Department of Consumer & Industry Services

Office of Financial & Insurance Services

When You Have a Dispute With an Insurer or Agent

If you are in a dispute with an insurance company or insurance agent in Michigan and have been unable to resolve it to your satisfaction, the Office of Financial and Insurance Services (OFIS) may be able to help.

This brochure offers ways to resolve your dispute. It also outlines the complaint process. If you cannot reach an agreeable settlement, you may use the attached form to request help from Consumer Services.

Contact the Company or Agent Directly

If you disagree with your insurance company about a claim or whether you are eligible for coverage, contact the company first.

- Speak with a management representative to try to find a solution.
- Explain the problem in a calm, courteous manner.
- Be accurate.
- Provide dates, amounts, and as many related facts as you can.

If you still do not agree with the company position, ask them to provide a written response. Ask them to list the specific rules or language in the policy that allow them to deny or exclude coverage.

If you feel that your insurance agent misrepresented what your policy covers, made false statements to persuade your decision about coverage, or used other fraudulent methods, try to resolve the dispute by speaking directly with the agent.

If you still do not agree with the agent's position, ask for a written response. Ask the agent to include policy language, copies of documents you signed when you applied for insurance, or other reasons or facts, which might support the agent's actions.

How OFIS Can Help

If you are still dissatisfied after contacting the company or the agent, you may wish to contact OFIS Consumer Services to ask questions or to file a written complaint.

When you file a complaint, Consumer Services acts as a link between you and the company or agent. We try to resolve the complaint and see that your questions are answered. Your complaint is based on the documents you submit. Be sure to include all pertinent information. Include:

- Name of the insurer and/or agent involved in the dispute.
- Policy and claim numbers.
- Details of any previous contact regarding the matter.
- Copies of documents that help verify or explain the problem.

Always send copies. Please do not send original documents.

When we receive your complaint, we open a file, and send you a notice that includes the file number we assigned to your case. Please provide this number when you contact our office about your complaint. We will contact the parties named in the complaint. We will ask them to review the matter and provide us with a written response. We will review the response to determine if it:

- Complies with the policy language.
- Complies with the Michigan Insurance Code and other rules or directives of the Commissioner.
- Addresses the issues in your complaint, and is reasonable in light of approved and accepted business practice.

When our review is complete, we will provide you with a written statement of our position.

You may disagree with the results of our review. If you have additional information that was not included with your

original complaint, and feel it might alter the decision, you may submit the information to us for further review. Please be sure to include the file number assigned to your case.

We may not be able to provide the exact results you want. We can only resolve disputes based on the information provided and our authority under Michigan law.

Our authority is limited to the companies and agents OFIS licenses. We cannot help resolve disputes with entities we do not license. This includes self-funded employee health benefit programs and union health and welfare plans. You may wish to contact the United States Department of Labor with questions about these types of entities. Their address and phone number and some other useful contacts are listed on the back of this page.

We have no authority over third party liability claims. We are unable to force insurers to pay these types of claims. We also cannot help resolve disputes with entities or policies from other states. We cannot decide questions of fact, but we may be able to refer you to the appropriate authority to seek further help.

Consumer Services tries to resolve as many disputes as possible. We might need to contact you and the insurer or agent multiple times, depending on the case. While we strive to give prompt, quality service, a resolution may not occur immediately.

Thank you for your patience during the complaint process.



The Office of Financial and Insurance Services web address is: www.cis.state.mi.us/ofis Our toll free phone number is: 1-877-999-6442

Insurance Complaint Form ?





My Name	Name of Insurance COMPANY this complaint is about May also be an HMO, health carrier or other company.
Address	Name of of AGENT or AGENCY this complaint is about May not apply to every complaint. Leave blank if this does not apply.
	Name of INSURED person Who is covered by the policy or plan?
City State Zip	Date of service or date of loss Could be the date of a fire, accident or other loss, or the date you received medical treatment
Home phone number () Work phone number ()	Policy or claim number
Type of Auto Home or proper insurance product my complaint Long-term care is about: Auto Home or proper Annuity Disability incoming the complex of the co	Medicare Supplement ☐ Medicare Supplement ☐ Blue Cross/Blue Shield ☐ HMO
Have you hired an attorney to represent you in this matter?	☐ Yes ☐ No ☐ Have you filed a lawsuit in this matter? ☐ Yes ☐ No ☐ I pages if needed. If possible, please use letter size paper (8 1/2 x 11") for all attachments.
Details of my complaint:	Reviewing documents often helps us understand important details of your complaint. Please attach copies of letters or other documents that will help us review your complaint. This might include your insurance card, bills, receipts, a policy declaration sheet, claim documents or other items that relate to your complaint. Arranging your documents in the order events took place helps us gain a quicker understanding of your complaint. Always send copies. Never send original documents.
Please suggest a fair resolution:	
Please mail your complaint to: Consumer Services PO Box 30220	I authorize the release of any information regarding this complaint to help the Office of Financial and Insurance Services with their review. A copy of this complaint and related documents may be sent to any company, agency or licensee involved in this matter.
Lansing MI 48909-7720	Signature Date signed
Our web address is: www.cis.state.mi.us/ofis Toll free phone: 1-877-999-6442 Fax: 1-517-241-3991 Our office hours are 8:00 AM to 5:00 PM ET weekdays	Michigan law, including PA 218 of 1956 as amended, authorizes the review of consumer complaints involving insurance and similar products. Completion of this form is voluntary and helps us review your claim.